

SAFEGUARDING THE RIGHTS OF MICHIGAN'S MOST VULNERABLE POPULATION

2020 ANNUAL REPORT

Michigan Department of Health and Human Services
OFFICE of RECIPIENT RIGHTS

CONTENTS

Message from the ORR Director	1
Recipient Rights in Michigan	2
Responsibilities of the Office of Recipient Rights	3
MDHHS Office of Recipient Rights	4
MDHHS-ORR Services Provided	5
Appeals	10
System-wide Data	11
System-wide Abuse and Neglect Data	12
MDHHS Hospital Data	13
CMHSP System Data	17
LPH System Data	20
Recommendations	22

The 2020 Annual Report of the Michigan Department of Health and Human Services, Office of Recipient Rights is compiled in accordance with Section 330.1754 of the Michigan Compiled Laws mandating that the Office produce a report for the Legislature, its sub-committees with legislative oversight of mental health matters, and the Director of the Department that describes the current status of rights protection in Michigan.

FROM THE DIRECTOR



What does it mean to be resilient?

Psychologists define resilience as the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress—such as family and relationship problems, serious health problems, or workplace and financial stressors. ... That's the role of resilience. Resilience is made up of five pillars: self-awareness, mindfulness, self-care, positive relationships and purpose. By strengthening these pillars, we in turn, become more resilient.

It has been a little over a year since I assumed the position of Director of the Office of Recipient Rights for the Michigan Department of Health and Human Services (MDHHS). I started the position on January 27, 2020 and, in March, I left my office in Lansing to work remotely due to COVID-19. The last year has been a hard one for me, my family, my team, and, especially, for the people we serve. In the face of all this, we have been resilient.

The Education, Training Compliance Unit has learned how to master providing virtual learning, conferences and CMHSP assessments in a way that has not diminished quality. Even tackling a triannual assessment the size of Detroit Integrated Health Network was accomplished with help from staff across the Office of Recipient Rights (ORR) and, of course, our community partners.

The Hospital and Community Investigation Unit faced their own challenges providing direct rights protection services to persons in the state hospitals. They formed relationships with the hospitals to ensure access to both staff and patients, even when there were COVID outbreaks, and utilized a hybrid approach of working remotely and on-site, depending on what the needs of the patients were.

This has also been a year of building relationships within MDHHS. Although COVID-19 sent us all home to work, we have stayed connected using technology and, I believe, it has helped build strong coalitions across the Department.

This Annual Recipient Rights Report is representative of hard work across the system in a time when nothing remained the same and everyone in the rights protection system had to really be creative and flexible to make sure people stayed safe. I am extremely proud of the work that has been done and believe valuable lessons have been learned. Citizens of the State of Michigan have suffered from loss and isolation during the last year and behavioral health services have never been more in demand. I know that the people who represent the recipient rights system and the services that our system provides are needed now, more than ever, and I am confident that all will step up to the plate.

Sincerely,

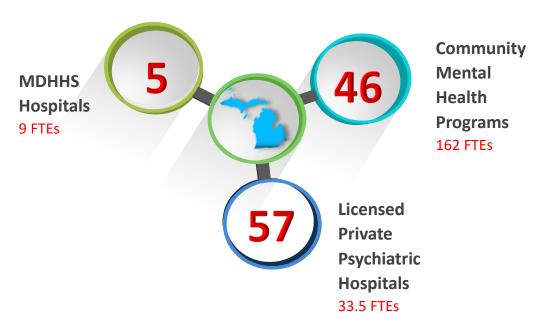
Raymie Postema Director of the Office of Recipient Rights

RECIPIENT RIGHTS IN MICHIGAN

Recipient Rights protection is mandated to be provided in all MDHHS hospitals, all Community Mental Health Services Programs (CMHSP) and all Licensed Private Psychiatric Hospitals (LPH).

PA 258 of 1974, the Michigan Mental Health Code (Code), creates an internal rights protection system for recipients of public mental health services across the state. Chapter 7 of the Code identifies the rights, in addition to rights guaranteed by the United States Constitution, and other federal and state laws, that are provided to these recipients.

It also mandates the establishment of an Office of Recipient Rights in the Michigan Department of Health and Human Services (MDHHS-ORR), each Community Mental Health Services Program (CMHSP) and every psychiatric hospital or unit (LPH) licensed by the Department of Licensing and Regulatory Affairs (LARA). Currently there are 46 CMHSPs and 57 LPHs.



During FY20, ORR staff:





Investigated 9,333 and intervened on 3,015 allegations of rights violations



Substantiated 4,945 rights violations



Represented:

Over 300,000 persons receiving services from Community Mental Health Service Programs, Licensed Private Hospitals, and MDHHS Hospitals

RESPONSIBILITIES

Each Office of Recipient Rights (ORR) is responsible for fulfilling four functions:

Monitoring Prevention

A critical component of the rights protection system which aims to reduce risk factors for rights violations and increase proactive influences which may prevent violations.

An essential link between program implementation and evaluating effectiveness of rights protection systems.

Education



Education on rights provided to all staff of an agency, all those who work for contract agencies or individual contractors, and consumers.

Complaint Resolution



Investigations into alleged violations of rights made by recipients, family members, staff and other interested parties.

330.1754 (6) (o) The annual report shall include, at a minimum, all of the following:

- Summary data by type or category regarding the rights of recipients receiving services from the department including the number of complaints received by each state facility and other state-operated placement agency, the number of reports filed, and the number of reports investigated.
- The number of substantiated rights violations by category and by state facility.
- The remedial actions taken on substantiated rights violations by category and by state facility.
- Training received by staff of the state office of recipient rights.
- Training provided by the state office of recipient rights to staff of contract providers.
- Outcomes of assessments of the recipient rights system of each community mental health services program.
- Identification of patterns and trends in rights protection in the public mental health system in this state.
- Review of budgetary issues including staffing and financial resources.
- Summary of the results of any consumer satisfaction surveys conducted.
- Recommendations to the department.

MDHHS OFFICE OF RECIPIENT RIGHTS

MISSION

The mission of the MDHHS Office of Recipient Rights is to protect and promote the constitutional and statutory rights of recipients of public mental health services and empower recipients to fully exercise these rights.

VISION

It is the vision of the MDHHS Office of Recipient Rights that all recipients of public mental health services are empowered to exercise their rights and are to fully participate in all aspects of their lives.

The Mental Health Code established the Michigan Department of Health and Human Services, Office of Recipient Rights (MDHHS-ORR) within the Director's Office. MDHHS-ORR consists of 20 staff. The functions and operations of ORR are defined in Section 330.1754. The primary mandates of the office are:

- 1) To promote and provide rights protection to individuals admitted to state psychiatric hospitals.
- 2) To monitor the quality and effectiveness of the rights protection systems in Community Mental Health Service Programs (CMHSP).
- 3) To provide technical assistance and training to CMHSPs and Licensed Psychiatric Hospitals (LPH).

BUDGET

330.1754 (6) (o) The annual report shall include, at a minimum, all of the following: (viii) Review of budgetary issues including staffing and financial resources.

	FY19	FY20	Difference	FY21	Difference
FTE	20	20	0	21	+1
Salary & Fringe	\$2,665,920	\$2,759,649	+\$93,729	\$2,777,943	+18,294
CSS&M	\$61,089	\$11,204	-\$49,885	\$25,000	+\$13,796
Travel	\$35,991	\$22,047	-\$13,944	\$25,000	+\$2,953
MPHI - training	\$7,500	\$7,500	-	\$7500	-
Total	\$2,770,500	\$2,800,400	+ \$29,900	\$2,835,443	+ \$35,043

MDHHS-ORR SERVICES PROVIDED



Hospital and Community Investigation Unit

Provides the rights protection for recipients in MDHHS-operated hospitals. With offices at the Caro Center, Hawthorn Center, Kalamazoo Psychiatric Hospital, Walter Reuther Psychiatric Hospital, and the Center for Forensic Psychiatry, MDHHS-ORR staff:

- Resolve allegations of rights violations through investigations and interventions, and, when appropriate, recommend remedial action(s) to the directors of the hospitals.
- Provide new hire training to all employees of the hospitals.
- Provide monitoring to ensure patients receive appropriate services in a safe, sanitary, humane treatment environment.
- Develop MDHHS policies related to rights protection.
- Provide education and consultation to hospital administration, employees, and patients.

This unit is also responsible for conducting special investigations in CMHSPs and LPHs, when requested or when they are assigned by the MDHHS director under Section 330.1754 (6) (e) of the Code.



Education, Training, and Compliance Unit

Section 330.1754 of the Code mandates that MDHHS-ORR provide training in recipient rights protection to community mental health programs and licensed hospitals in order to assure equal protection and consistency of practice. In this area, the Office develops and presents educational and training programs in order to meet the mandate that all new rights staff and CMH chief executive officers successfully complete the orientation programs and receive training on a regular basis.

In order to carry out this mission, the Education, Training and Compliance Unit:

- Offers a six-day orientation (Basic Skills) program (four times per year) that all new recipient rights staff system-wide must attend and successfully complete.
- Provides mandatory rights education programs for newly hired CMHSP CEOs.
- Coordinates recipient rights training programs provided to all staff in MDHHS Hospitals.
- Oversees the new hire rights orientation for all MDHHS Central Office staff.
- Develops and presents additional rights related training programs for recipient rights staff systemwide.

EDUCATION PROVIDED BY MDHHS-ORR

The Office of Recipient Rights offers a variety of face-to-face and online education for its stakeholders. Education is one of the mandates of the office. These programs are required by the Mental Health Code. 951 people attended MDHHS-ORR in-person training programs in FY19. Reflecting the increased

need for online training, 6,949 people, an increase of 285 percent from FY19, utilized the online training modules developed by the office.

Chart 1: ATTENDEES AT MDHHS-ORR ONLINE TRAININGS FY 2020

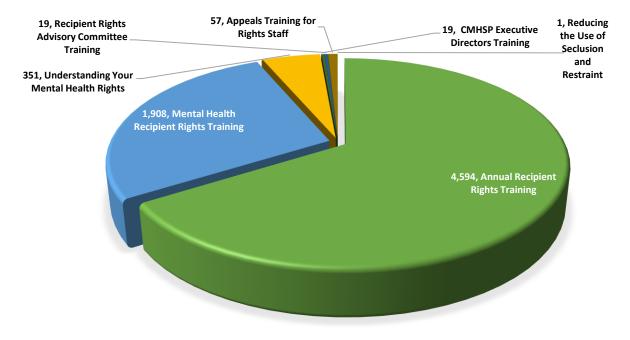
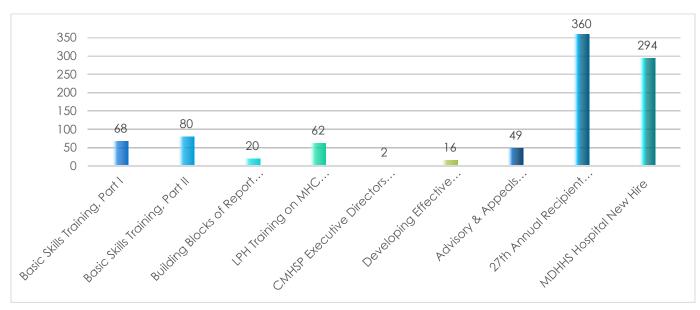


Chart 2: ATTENDEES AT MDHHS-ORR IN-PERSON TRAININGS FY 2020



EDUCATION RECEIVED BY MDHHS-ORR

Section 330.1754 (1)(d) of the Code requires that "Staff of the state office of recipient rights receive training each year in recipient rights protection." The list below provides information on training received by MDHHS-ORR staff to meet these requirements. During FY19, MDHHS-ORR staff received training in the following.

Telehealth Basics

Caring for Yourself While Caring for Others

Children's Forensic Interviewing

Deceptive Analysis

Detecting the Truth in Face to Face Teleconferences

Dispute Resolution: An Overview of the Law, Mediation Process and Other Dispute Resolution Options

Ethics: Decision Making and Mental Health

Guardianship and Recipient Rights

History of the Mental Health Code

How to Make Your Rights Committee Click

Implicit Bias Training

Interviewing Consumers with Personality Disorders

Interviewing Skills

Mindfulness and Psychiatric Treatment

Overview of Tele-Health Practices and Covid-19 Guidelines

Running a Successful Meeting: Robert's Rules

Social Work, Law Enforcement, Healthcare, Recipient Rights and Security-We Must Be in This Together

Supported Decision Making

Fair Hearings and the New Mediation Policy

The LPH Rights Office: Operating in a Complex Environment

Understanding Moral Injury

ASSESSMENTS OF COMMUNITY MENTAL HEALTH SERVICES PROGRAM RECIPIENT RIGHTS SYSTEMS

The Code requires that MDHHS-ORR review the CMHSP rights systems in order to "ensure a uniformly high standard of recipient rights protection throughout the state." The certification standards must include those for the protection and promotion of recipient rights (MCL 330.232a [1][b]). Although standards relative to CMHSP governance, resource management, quality improvement, service delivery and safety management may be waived by the department in whole or in part as the result of the CMHSP's accreditation by a nationally recognized accrediting body, recipient rights standards cannot be waived. These standards have to be reviewed by the department and MDHHS-ORR serves that function.

Each CMHSP receives an on-site assessment once every three years. CMHSP rights systems are assessed on standards developed from the Code, the Administrative Rules, and contractual requirements. As a result of these reviews, CMHs are determined to be in full compliance, substantial compliance or less than substantial compliance. Plans of correction are required and monitored to bring the agencies into compliance. In addition, each CMHSP recipient rights system is reviewed annually through careful evaluation of, and follow-up on, semi-annual and annual reports submitted by each CMHSP, as required by law.

The following chart provides the overall results of the assessments of all 46 CMH service programs during the 2018-2020 cycle.

Chart 3: CMH Assessment Results FY18-20

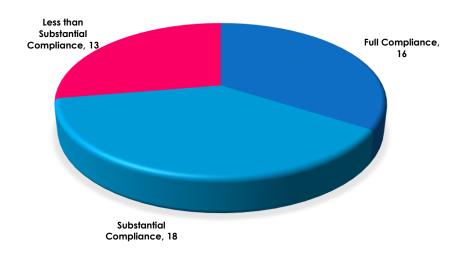
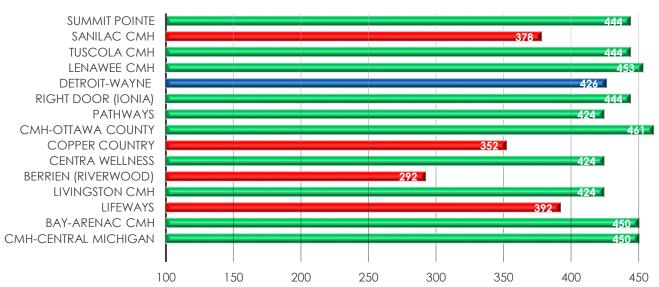


Chart 4: CMH Assessment Scores FY20



For Agencies with Appeals:

Full Compliance: 440-464 (Green) Substantial Compliance: 416-439 (Blue) Less than Substantial Compliance <416 (Red)

For Agencies without Appeals:

Full Compliance: 403-424 (Green) Substantial Compliance: 382-402 (Blue) Less than Substantial Compliance <382 (Red)



Technical Assistance

Section 330.1754(f) of the Code requires that the MDHHS-ORR offer technical assistance...to all community mental health services programs and other mental health service providers subject to this act. Over the past year, ORR has provided this assistance to rights advisory committees, court employees, individual rights staff in CMHSPs and LPHs, CMHSP CEOs, LPH Executive Level Staff, and numerous other entities.

APPEALS

Section 330.1974 of the Code states, "The director s hall appoint an appeals committee consisting of seven individuals, none of whom shall be employed by the department or a community mental health services program, to hear appeals of recipient rights matters." The MDHHS Appeals Committee reviews appeals of rights complaints filed by or on behalf of recipients of state hospitals. Additionally, the Committee reviews appeals submitted by or on behalf of individuals who have received services in one of the 56 licensed psychiatric hospitals (LPH) that have entered into an agreement to use the department's Appeals Committee. Following is a summary of activity for the MDHHS Appeals Committee and a composite of the results of appeals in the CMH system. Appeals of investigations involving a CMH client completed at either a CMH or LPH are reviewed by the local CMH Committee.

Chart 5: Disposition of Appeals Reviewed by the MDHHS Appeals Committee - FY20

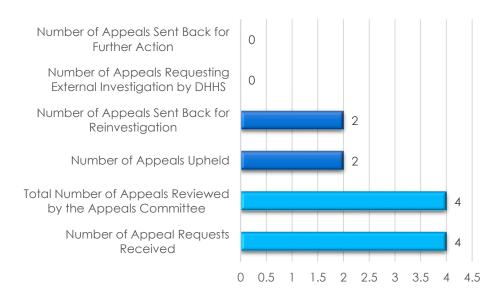
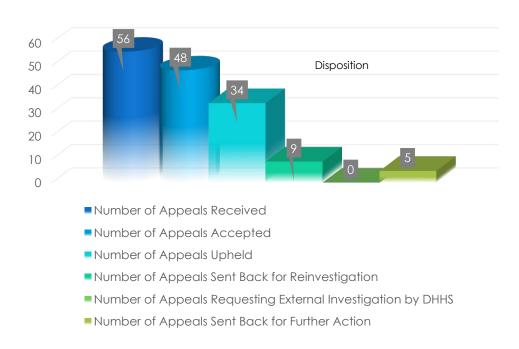


Chart 6: Disposition of Appeals Reviewed by CMH Appeals Committees – FY20



SYSTEM-WIDE DATA

KEY TERMS

Allegation: An assertion of fact made by an individual that has not yet been proved or supported with evidence.

Investigation: A detailed inquiry into and a systematic examination of an allegation raised in a rights complaint and reported in accordance with Chapter 7A.

Intervention: To act on behalf of a recipient to resolve a complaint alleging a violation of a code-protected right when the facts are clear and the remedy, if applicable, is clear, easily obtainable and does not involve statutorily required disciplinary action.

Preponderance: A standard of proof which is met when, based upon all the available evidence, it is more likely that a right was violated than not; greater weight of evidence, not as to quantity (number of witnesses), but as to quality (believability and greater weight of important facts provided). This is the standard used in rights investigations.

Substantiation: A determination that a right was violated.

Remedial Action: If it has been determined through investigation that a right has been violated, the respondent shall take appropriate remedial action that meets all of the following requirements: (a) Corrects or provides a remedy for the rights violation, (b) is implemented in a timely manner and (c) attempts to prevent a recurrence of the rights violation. It is the responsibility of the ORR to maintain a record of the documented action.

Chart 7: System-wide Substantiation Rate FY16-FY20



PANDEMIC EFFECTS

The effect of rights staff, clinical staff and consumers sheltering at home for most of the year had a significant effect on the number of complaints received and investigated.

	CMH19	CMH20	+/-	LPH19	LPH20	+/-	MDHHS19	MDHHS20	+/-
Persons Served	273804	261915	-11889	74392	71226	-3166	n/a		
Received	10158	8790	-1368	4398	2419	-1979	1756	1468	-288
Investigations	9691	8379	-1312	981	449	-532	485	505	+20
Interventions	485	466	-19	3433	1586	-1847	1271	963	-308
Substantiated	4298	3768	-530	951	1046	+95	51	131	+80

ABUSE and NEGLECT

Abuse and Neglect are the most serious violations in the rights system and account for much of the time spent in investigations by rights staff. MDHHS Administrative Rules provide clear definitions of Abuse and Neglect.

Abuse class I:

A non-accidental act or provocation of another to act by an employee, volunteer, or agent of a provider that caused or contributed to the death, or sexual abuse of, or serious physical harm to a recipient.

Abuse class II:

Any of the following:

- (i) A non-accidental act or provocation of another to act by an employee, volunteer, or agent of a provider that caused or contributed to nonserious physical harm to a recipient.
- (ii) The use of unreasonable force on a recipient by an employee, volunteer, or agent of a provider with or without apparent harm.
- (iii) Any action or provocation of another to act by an employee, volunteer, or agent of a provider that causes or contributes to emotional harm to a recipient.
- (iv) An action taken on behalf of a recipient by a provider who assumes the recipient is incompetent, despite the fact that a guardian has not been appointed, that results in substantial economic, material, or emotional harm to the recipient.
- (v) Exploitation of a recipient by an employee, volunteer, or agent of a provider.

Abuse class III:

The use of language or other means of communication by an employee, volunteer, or agent of a provider to degrade, threaten, or sexually harass a recipient.

Neglect class I:

Either of the following: (i) Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law and/or rules, policies, guidelines, written directives, procedures, or individual plan of service and causes or contributes to the death, or sexual abuse of, or serious physical harm to a recipient., or (ii) The failure to report apparent or suspected Abuse Class I or Neglect Class I of a recipient.

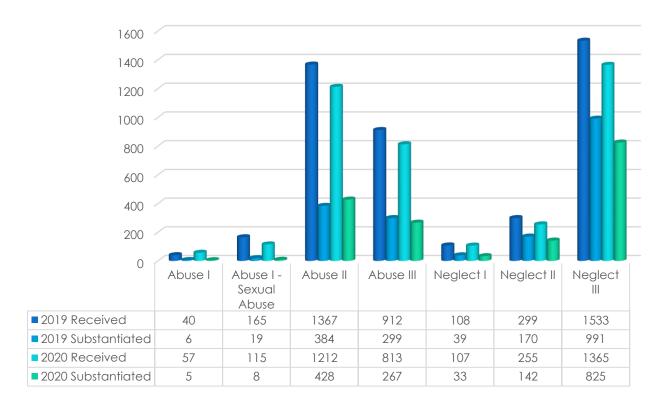
Neglect class II:

Either of the following: (i) Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plan of service and that cause or contribute to non-serious physical harm or emotional harm to a recipient, or (ii) The failure to report apparent or suspected Abuse Class II or Neglect Class II of a recipient.

Neglect class III:

Either of the following: (i) Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law and/or rules, policies, guidelines, written directives, procedures, or individual plan of service that either placed or could have placed a recipient at risk of physical harm or sexual abuse, or (ii) The failure to report apparent or suspected Abuse Class III or Neglect Class III of a recipient.

Chart 8: System-wide Abuse and Neglect Allegations Investigated/Substantiated FY19-FY20



DATA – MDHHS HOSPITALS

Chart 9: Complaints Received by Hospital FY20

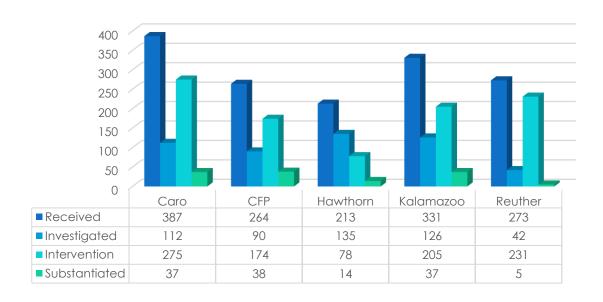


Table 1: Allegations Received by Category at MDHHS Hospitals – FY20

CATEGORY	CARO	CFP	HAWTHORN	KALAMAZOO	REUTHER	TOTAL
Abuse Class I	1	3		2		6
Abuse Class I - Sexual Abuse	16		4	5	5	30
Abuse Class II - Nonaccidential Act	8	4	52	24	15	103
Abuse Class II - Unreasonable Force	9	7	12	3	1	32
Abuse Class III	17	20	29	23	15	104
Neglect Class I - Failure to Report		1				1
Neglect Class II	14	2	2		1	19
Neglect Class II - Failure to Report			1	4	1	6
Neglect Class III	13	6		8	2	29
Neglect Class III - Failure to Report	1	1				2
Access to Entertainment Materials, Information, News	1	•			3	4
Access to Telephone, Mail	15	2	2	16	7	42
Civil Rights: Discrimination, Accessibility, Accommodation	10	1		10	•	1
Contact with Attorneys or Others Regarding Legal Matters		3		1		4
Correction of Record			2			2
Dignity and Respect	55	33	30	87	22	227
Disclosure of Confidential Information	3	2	2	3	2	12
Easy Access to Money in Account	2	1		<u> </u>		3
Facility Account		5		1	10	16
Family Dignity & Respect		3		1	10	1
Funds - Ability to Spend or Use as Desired	1	3		<u>'</u>		4
Informed Consent		J			1	1
Involuntary Admission Process				1	<u> </u>	1
Labor & Compensation				1		1
Least Restrictive Setting	2	3		10	2	17
Limitations		1	1	10	1	3
Mental Health Services Suited to Condition	135	99	26	29	109	398
Notice of Clinical Status/Progress	133	99	20	1	109	1
Notice of Medication Side Effects				2		2
Notice/Explanation of Rights				1		1
Person-Centered Process	3	1		2		6
Property - Possession and Use	5	4	1	7	12	29
Protection	3	5	ı	5	4	14
Psychotropic Drugs	9	5		1	4	10
Property - Receipts to Recipient and to Designated Individual	1			1		2
Religious Practice				ı	2	2
Restraint	8	1	2	6	0	17
Restrictions/Limitations	13	3		12	6	34
Safe Environment	42	26	34	58	36	196
Safeguarding Money	1	6	34	3	2	12
Sanitary/Humane Environment	10	11	7	7	8	43
Search/Seizure	10	2			0	2
Seclusion			6	2		8
Second Opinion - Denial of Services		1	U			1
Services of Mental Health Professional		1			1	2
Storage Space		1			ı	1
Uncensored Mail		4			1	5
Visits	1	4		3	4	5 8
	ı			<u> </u>	4	
Voting Withholding of Information (Includes Recipient Access to Records)	1	1		<u> </u>		2
withinologing of information (includes Recipient Access to Records)	<u> </u>	ı				

Table 2: Substantiated Rights Violations by Category at MDHHS Hospitals – FY20

CATEGORY	CARO	CFP	HAWTHORN	KALAMAZOO	REUTHER	TOTAL
Abuse - Class II	2	3	5	1	1	12
Neglect Class I	0	1	0	0	0	1
Neglect Class II	5	2	0	4	1	12
Neglect Class III	3	3	3	3	1	13
Family Dignity & Respect	2	0	0	0	0	2
Visits	0	0	1	1	0	2
Disclosure of Confidential Information	2	1	0	0	0	3
Receipts to Recipient and Designated Individual	2	0	0	2	0	4
Protection	1	1	4	0	0	6
Neglect Class III	8	2	0	4	1	15
Restraint	1	2	1	1	1	6
Seclusion	3	0	0	2	0	5
Safeguarding Money	1	0	0	1	0	2
Person-Centered Process	0	0	0	1	0	1
Access to Telephone, Mail	2	2	0	3	0	7
Restrictions/Limitations	0	0	1	1	0	2
Safe Environment	1	5	0	4	1	11
Mental Health Services Suited to Condition	0	5	0	4	1	10
Dignity and Respect	1	0	1	0	0	2
Property - Possession and Use	1	0	0	0	0	1
Contact with Attorneys or Others Regarding Legal Matters	0	1	0	0	0	1
Safe, Sanitary, Humane Environment	0	3	0	0	0	3
Money - Ability to Spend	0	2	0	0	0	2
Access to Facility Account	0	0	0	1	0	1
Personal Property - Protection	0	1	0	1	0	2

Table 3: Action Taken on Substantiated Rights Violations by Category at MDHHS Hospitals – FY20

Category	Caro	CFP	Hawthorn	Kalamazoo	Reuther	Grand Total
Abuse - Class III	3	3	3	3	1	13
Employee left the agency, but substantiated			2			2
Employment Termination	1					1
Suspension		1		1		2
Written Reprimand	2	2	1	2	1	8
Abuse Class II - Nonaccidential act	1	2	1	1	1	6
Employee left the agency, but substantiated			1			1
Employment Termination		1		1	1	3
Suspension		1				1
Training	1					1
Abuse class II - Unreasonable Force	1	1	4			6
Employee left the agency, but substantiated			1			1
Employment Termination	1		1			2
Pending			1			1
Suspension		1	1			2
Access to telephone, mail	2			1		3
Training	1			1		2
Written Counseling	1					1
Dignity and respect	4	6	4	5		19
Employee left the agency, but substantiated	1		1			2
Other	1					1
Pending			2			2
Policy Revision/Development			1			1
Training	1	6		4		11
Written Counseling				1		1
Recipient Transfer to Another Provider/Site	1					1
Disclosure of confidential information	1	1		11		3
Environmental Repair/Enhancement				1		1
Policy Revision/Development		1				1
Verbal Counseling	1					1
Mental Health Services Suited to Condition	2	7		4	11	14
Contract Action	1					1
Other		3			1	4
Pending				1		1
Plan of Service Revision	1	2				3
Policy Revision/Development				2		2
Training		1		1		2
Verbal Counseling		1				1

Category	Caro	CFP	Hawthorn	Kalamazoo	Reuther	Grand Tota
Neglect - Class II	5	2				7
Employee left the agency, but substantiated	1					1
Other	1					1
Suspension	3	1				4
Written Reprimand		1				1
Neglect - Class III	7	1		4	1	13
Other	1					1
Pending				1		1
Suspension		1		3		4
Written Reprimand	6				1	7
Person-Centered Process	1			1		2
Plan of Service Revision				1		1
None	1					1
Property - protection		1		2		3
Other		1				1
Policy Revision/Development		·		1		i
Training				i		i
Restraint	2					2
Training	1					1
None	i					i
Restrictions/limitations	3			4		7
Training				4		4
None	3			4		3
Safe environment	3 1	5		3		9
Other		2		<u> </u>		2
Orner Pending		2		1		∠ 1
		1		ı		1
Policy Revision/Development		1				1
Suspension		ı		2		1
Training Verbal Counseling		1		Z		∠ 1
Verbal Counseling	1	ı				1
Written Counseling	'	2				3
Sanitary/humane environment		3				<u>3</u>
Other		1				l 1
Plan of Service Revision		1				l 1
Environmental Repair/Enhancement		ı	-	-		1
Seclusion			1	1		2
Training		_	1	1		2
Ability to spend or use as desired		2				2
Other		1				1
Policy Revision/Development		1				1
Contact with attorneysregarding legal matters		1				1
Other		1				1
Facility account				1		1
Training				1		1
Family dignity & respect				1		1
Verbal Counseling				1		1
Neglect - Class I - failure to report		1				1
Employment Termination		1				1
Neglect - Class II - failure to report				4	1	5
Employment Termination					1	1
Suspension				4		4
Neglect - Class III - failure to report	1	1				2
Written Reprimand	1	1				2
Property - limitations			1			1
Plan of Service Revision			<u> </u>			1
Property - possession and use	1		'			1
Other	1					1
	i					1
Property - receipts to recipient and to designated individual	1 1					1
Training Safaguarding manay		1				1
Safeguarding money	1	1				2
Training	1	,				l ,
Verbal Counseling		1				I
Visits				1		_

DATA – CMH SYSTEM

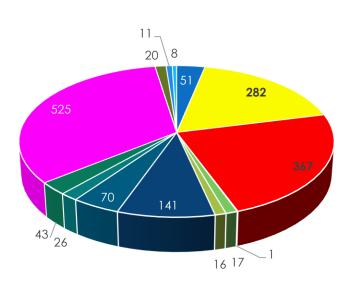
Table 4: Comparative Data for CMHSP Rights Systems – FY20

CMHSP	Unduplicated Count of Persons Served	Rights Office Staffing	Allegations	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
Allegen County CMIL Services	1 022	FTE	246	227	01	10	2
Allegan County CMH Services	1,832	2	346 73	327 73	91 42	19 0	3 0
AuSable Valley CMHA	2,431						
Barry County CMHA	1,146	1	46	44	23	2	2
Bay-Arenac Behavioral Health	5,178	3	181	167	64	14	13
Berrien-Riverwood	4,924	2	84	76	50	8	4
Centra Wellness Network	1,485	2	36	24	14	12	9
CMH & SA Services of St Joseph	1,955	1	27	18	7	9	1
CMHA of Clinton Eaton Ingham	11,155	4	76	76	24	0	0
CMH for Central Michigan	10,122	6	278	278	145	0	0
CMH of Ottawa County	3,100	1	34	34	9	0	0
Copper Country CMH Services	1,439	2	59	52	30	7	2
Detroit Wayne Integrated Health	63,567	36	1106	1106	371	0	0
Network							
Genesee Health System	10,971	6	357	347	134	10	10
Gogebic Community Mental Health	529	.25	2	0	0	2	2
Gratiot Integrated Health Network	4,924	1	11	11	7	0	0
HealthWest	6,500	2	103	103	67	0	0
Hiawatha Behavioral Health	1,490	1	26	25	15	1	1
Huron Behavioral Health Services	1,005	1	7	7	5	0	0
Integrated Services of Kalamazoo	6,147	6	676	448	173	228	16
Lapeer County CMH	1,626	1	58	42	22	16	1
Lenawee County CMH	1,837	1	74	74	31	0	0
Lifeways CMH	7,850	4	191	191	83	0	0
Livingston County CMH	2,210	2	108	108	35	0	0
Macomb County CMH	11,991	15	1247	1247	529	0	0
Monroe CMH Authority	2,688	2	133	133	79	0	0
Montcalm Care Network	2,037	1	0	49	30	6	5
Network180	14,667	6	244	239	69	5	5
Newaygo County CMH	2,515	1	73	63	37	10	4
North Country CMH	3,821	3	135	118	82	17	2
Northeast Michigan CMHA	2,273	2	117	111	65	6	5
Northern Lakes CMH	4,880	5	588	578	293	10	7
Northpointe Behavioral Healthcare	1,680	1	29	27	19	2	0
Oakland Community Health	21,282	16	721	719	294	2	2
Network	,					_	_
Pathways	2,687	3	125	119	61	6	4
Pines Behavioral Health	1,935	1	39	38	15	1	1
Saginaw County CMHA	7,292	3	159	157	83	2	2
Sanilac County CMH Services	1,381	1	133	115	51	18	0
Shiawassee County CMH	1,308	2	100	85	41	15	15
St Clair County CMHA	4,842	3	218	218	94	0	0
Summit Pointe Behavioral Health	7,569	2	313	308	165	5	5
The Right Door for Hope, Recovery	1,798	1	45	308	11	15	6
and Wellness	1,730	1	73	30	11	13	U
Tuscola Behavioral Health	1,206	1	108	108	50	0	0
Van Buren CMHA	2,319	1	14	9	4	5	3
Washtenaw County CMH	4,425	3	190	190	65	0	0
West Michigan CMH	2,939	1	77	64	36	13	10
Woodlands Behavioral Healthcare	957	1	23	23	13	0	0
TOTALS	261,915	161.80	8790	8379	3628	466	140
TOTALS	201,913	101.60	0/30	03/3	3020	400	140

Table 5: Substantiated Rights Violations by Category - CMHSPs FY20

CATEGORY	SUBSTANTIATIONS
Ability to Spend or Use as Desired	1
Abuse Class I	5
Abuse Class I - Sexual Abuse	7
Abuse Class II - Emotional Harm	12
Abuse Class II - Emolitorial Harm	98
Abuse Class II - Non-accidental Act	82
Abuse Class II - Norraccidental Act Abuse Class II - Unreasonable Force	177
Abuse Class III	231
Access to Entertainment Materials, Information, News	2
	<u>2</u>
Access to Rights System	•
Access to Telephone, Mail	21
Assessment of Needs	2
Choice of Physician/Mental Health Professional	3
Civil Rights: Discrimination, Accessibility, Accommodation	2
Complaint Investigation Process	5
Correction of Record	1
Dignity and Respect	582
Disclosure of Confidential Information	169
Easy Access to Money in Account	1
Failure to Report	56
Family Dignity & Respect	58
Informed Consent	8
Labor & Compensation	5
Least Restrictive Setting	3
Limitations	8
Mental Health Services Suited to Condition	740
Neglect Class I	22
Neglect Class I - Failure to Report	11
Neglect Class III	75
Neglect Class III - Failure to Report	67
Neglect Class III	730
Neglect Class III - Failure to Report	95
Person-Centered Process	17
Possession and Use	38
Prior Consent	15
Protection	5
Psychotropic Drugs	2
Religious Practice	2
Restraint	6
Restrictions/Limitations	64
Retaliation/Harassment	8
Safe Environment	103
Safeguarding Money	3
Sanitary/Humane Environment	61
Search/Seizure	9
Seclusion	16
Services of Mental Health Professional	1
Storage Space	2
Storage/Destruction	1
Treatment by Spiritual Means	2
Uncensored Mail	2
Withholding of Information (Includes Recipient Access to Records)	3

Chart 10: Resolution of Abuse/Neglect Rights Violations in CMHSPs – FY20



- Contract Action
- Substantiated, but employee left prior to discipline

 Employment Termination
- Environmental Repair/Enhancement
- Other
- Policy Revision/Development
- Suspension
- Training
- Verbal Counseling
- Written Counseling
- Written Reprimand
- Staff Transfer
- Demotion



"We must scrupulously guard the civil rights and civil liberties of all our citizens, whatever their background. We must remember that any oppression, any injustice, any hatred, is a wedge designed to attack our civilization."

Franklin D. Roosevelt



DATA – LPH SYSTEM

Table 5: Comparative Data for LPH Rights Systems – FY20

rable 5. Comparative Data for	Li ii kigiii	3 0 7 31 611	13 1120	AULINADED (IND/FCTICATIONS	AUUMANEN (CURCEANTIATER
LPH	ADMISSIONS	HOURS*	ALLEGATIONS	NUMBER of INVESTIGATIONS	INVESTIGATIONS SUBSTANTIATED	NUMBER of INTERVENTIONS	SUBSTANTIATED INTERVENTIONS
Ascension Borgess Hospital	1,208	16	25	3	1	22	4
Ascension Macomb-Oakland - Madison	595	10	72	13	6	59	7
Ascension Macomb-Oakland - Warren	1,175	10	90	11	3	79	2
Ascension Providence Hospital – Southfield	499	20	54	7	3	47	14
Ascension Providence Rochester Hospital	617	5	17	2	1	15	0
Ascension St John Hospital	1,072	15	162	22	6	140	25
Beaumont Hospital - Farmington Hills	474	14	13	9	9	4	3
Beaumont Hospital - Royal Oak	568	6	17	7	2	10	3
Beaumont Hospital – Taylor	585	40	74	74	5	14	1
Behavioral Center of Michigan	1,263	40	195	23	8	172	69
Bronson Battle Creek - Fieldstone Center	580	24	101	5	4	96	23
Bronson Lakeview Hospital	164	2	2	0	0	2	2
Cedar Creek Hospital	1,546	40	66	50	16	16	9
DMC Detroit Receiving Hospital	272	40	36	11	4	25	5
DMC Sinai-Grace Hospital	576	40	42	8	3	34	1
Forest View Psychiatric Hospital	3,300	20	84	4	2	80	39
Harbor Oaks Hospital	3,399	60	201	106	36	95	26
Havenwyck Hospital	7,021	80	459	18	5	441	64
HealthSource Saginaw	2,653	40	619	139	27	480	24
Henry Ford Allegiance Hospital	933	40	91	13	3	78	18
Henry Ford Kingswood Hospital	2,661	40	305	12	7	293	161
Henry Ford Macomb Hospital	1,814	40	148	26	12	122	8
Henry Ford Wyandotte Hospital	960	40	84	4	1	80	5
Hillsdale Hospital	459	2	8	0	0	8	0
•	556	6	26	16	0	10	1
Holland Hospital	1,050	8	15	15	2	0	0
Hurley Medical Center	· · ·	2					
McLaren - Bay Region McLaren - Flint	1,261	20	12	11 10	0	3	0
	1,272 135	40	13 4	0	0	4	4
McLaren - Greater Lansing McLaren - Lapeer Region	497	3	13	1	0	12	0
McLaren - Oakland			65	7	5	58	
McLaren - Oakland McLaren - Port Huron	896 845	40 20	92	18	3	74	13 1
			92		0	8	1
Memorial Healthcare - Owosso	720	20	_	1	-		
Mercy Health Muskegon - Hackley	1,016	10	62	2	0	60	2
Mercy Health St Mary's	629	20	3	0	0	3 2	0
Michigan Medicine	1,461	40	24	22	13		2
MidMichigan Medical Center - Alpena	390	20	56	2	0	54	1
MidMichigan Medical Center - Gratiot	721	40 32	67	7	3	60	4
MidMichigan Medical Center - Midland Munson Medical Center	600		118 178	18	2	100	6 9
	751	40		10		168	_
Oaklawn Hospital	355	8	22	2	1	20	2
Pine Rest Christian Mental Health Services	6,932	60	53	10	6	43	6
Pontiac General Hospital	1,505	20	30	6		24	
Promedica Coldwater Regional Hospital	335	10	19	7	1	12	1
ProMedica Monroe Regional Hospital	600	20	23	5	2	18	4
Samaritan Behavioral Center	1,217	40	89	26	11	63	24
Sparrow-St Lawrence Hospital	1,007	60	65	37	11	28	14
Spectrum Health Lakeland Hospital	829	10	27	10	2	17	2
St Joseph Mercy Hospital	896	24	14	3	2	11	1
St Joseph Mercy Hospital - Chelsea	700	16	5	0	0	5	1
St Joseph Mercy Hospital - Oakland	764	20	109	6	2	103	14
St Mary Mercy Hospital - Livonia	1,066	20	45	3	2	42	12
StoneCrest Center	4,494	40	200	40	18	160	73
UP Health System - Marquette	612	10	16	2	2	14	4
War Memorial Hospital Behavioral Health Center	502	20	52	15	2	37	18
TOTALS	69008		4491	879	261	3626	735

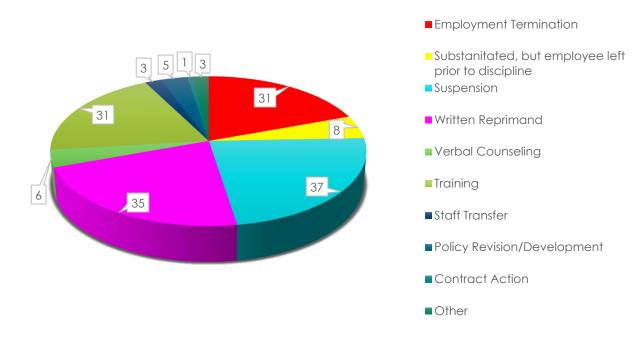
20

Table 6: Substantiated Violations by Category – LPH System

CATEGORY	SUBSTANTIATIONS
Abuse Class I - Sexual Abuse	1
Abuse Class II - Emotional Harm	2
Abuse Class II - Exploitation	1
Abuse Class II – Non-accidental Act	7
Abuse Class II - Unreasonable Force	37
Abuse Class III	23
Access by Protection and Advocacy to	1
Records	
Access to Entertainment Materials,	1
Information, News	
Access to Rights System	1
Choice of Physician/Mental Health	1
Professional	
Civil Rights: Discrimination, Accessibility,	1
Accommodation	
Complaint Investigation Process	6
Contact with Attorneys or Others Regarding	1
Legal Matters	
Dignity and Respect	37
Disclosure of Confidential Information	11
Electro Convulsive Therapy (ECT)	1
Family Dignity & Respect	1
Involuntary Admission Process	3

CATEGORY	SUBSTANTIATIONS
Least Restrictive Setting	1
Mental Health Services Suited to Condition	14
Neglect Class I - Failure to Report	2
Neglect Class II	7
Neglect Class II - Failure to Report	1
Neglect Class III	44
Neglect Class III - Failure to Report	1
Notice/Explanation of Rights	1
Participation by Individuals of Choice	1
Person-Centered Process	3
Protection	5
Psychotropic Drugs	1
Receipt of General Education Information	1
Property - Receipts to Recipient and to	1
Designated Individual	
Restraint	6
Restrictions/Limitations	2
Retaliation/Harassment	1
Safe Environment	19
Sanitary/Humane Environment	8
Search/Seizure	1
Timely Development	3
Visits	3

Chart 11: Action Taken on Abuse/Neglect Violations – LPH System



RECOMMENDATIONS

The Office of Recipient Rights has the following recommendations for the Department:

The Office of Recipient Rights recommends that the Department provide the resources necessary to adequately protect the rights of recipients involved in community transition programs originated by The State Hospital Administration.

The Office of Recipient Rights recommends that the Department facilitate the completion of a Memo of Understanding with the Michigan Department of Licensing and Regulatory Affairs which would allow MDHHS-ORR to begin assessments of Licensed Private Hospitals (LPH) recipient rights systems, and subsequently, provide the resources to carry out this function.

The Office of Recipient Rights recommends that the Department provide the resources to address the mandates of the Mental Health Code in regard to providing training to recipient rights staff, CMH CEOs, LPH Hospital Directors, MDHHS staff and recipients.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated